



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

October 5, 2007

Sarah Call, Administrator
Rosetta Assisted Living-Delphic
1970 East 17th Street #103
Idaho Falls, ID 83404

License #: RC-693

Dear Ms. Call:

On June 29, 2007, a complaint investigation, state licensure survey was conducted at Rosetta Assisted Living - Delphic. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Debbie Sholley".

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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July 25, 2007

CERTIFIED MAIL #: 7003 0500 0003 1967 0865

Sarah Call, Administrator
Rosetta Assisted Living-Delphic
1970 East 17th Street #103
Idaho Falls, ID 83404

Dear Ms. Call:

Based on the complaint investigation, state licensure survey conducted by our staff at Rosetta Assisted Living - Delphic on **July 5, 2007**, we have determined that the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days. Additionally, the facility failed to protect residents from inadequate care. Based on observation, interview and record review, it was determined the facility failed to provide assistance and monitoring of medications for 3 of 5 sampled residents (#1, #3, and #4).

These core issue deficiencies substantially limit the capacity of Rosetta Assisted Living - Delphic to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **August 11, 2007**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **August 11, 2007**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**August 11, 2007**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **August 11, 2007**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **August 21, 2007**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Rosetta Assisted Living - Delphic.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Paula Gilbert, Program Manager, Regional Medicaid Services, Region VI - DHW

Bureau of Facility Standards

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R693 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/05/2007 |
| NAME OF PROVIDER OR SUPPLIER ROSETTA ASSISTED LIVING - DELPHIC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1590 DELPHIC WAY POCATELLO, ID 83204 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| R 000 | <p>Initial Comments</p> <p>The following deficiencies were cited during the standard health care survey conducted at your residential care/assisted living facility. The surveyors conducting your health care survey were:</p> <p>Debbie Sholley, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Sydney Braithwaite, RN Health Facility Surveyor</p> <p>Survey Definitions: ER = extended release gm = gram IU = international unit LPN = Licensed Nurse MAR = Medication Administration Record mg = milligrams ml = milliliter oz = ounce po = by mouth prn = as needed q hs = at bedtime RN = Licensed Professional Nurse sl = sublingual tab = tablet</p> | R 000 | | | |
| R 004 | <p>16.03.22.215.03 Licensed Administrator Requirement - 30 Days</p> <p>The facility may not operate for more than thirty (30) days without a licensed administrator.</p> | R 004 | | | |

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

B5V311

If continuation sheet 1 of 9

Bureau of Facility Standards

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| R 004 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days.</p> <p>On 6/27/2007 at 2:50 p.m., the facility's regional director stated she was the administrator over another facility. Additionally, she stated the current house manager was in the process of getting her temporary administrator license.</p> <p>On 7/5/2007 at 12:02 p.m., the house manager stated, "My goal is to get my temporary administrator license this Saturday." However, she confirmed the facility did not currently have a licensed administrator.</p> <p>On 7/5/2007 at 12:10 p.m., the regional director and the current house manager confirmed the facility had operated without a licensed administrator since 6/4/07.</p> <p>The facility had operated without a licensed administrator responsible for the day-to-day operations for more than 30 days.</p> | R 004 | | | |
| R 008 | <p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to provide assistance and monitoring of medications for 3 of 5 sampled residents (#1, #3, and #4). The</p> | R 008 | | | |

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| R 008 | <p>Continued From page 2</p> <p>findings include:</p> <p>I. MEDICATIONS NOT AVAILABLE :</p> <p>A. lorazepam:</p> <p>1. Review of Resident #3's record revealed the resident was admitted to the facility on 10/12/03 with diagnoses that included hypertension, type II diabetes, Parkinson's disease, anxiety and congestive heart failure.</p> <p>The resident's record contained two separate physician orders for lorazepam. One of the orders was for lorazepam 1 mg at bedtime, and the other order was for lorazepam 0.5 mg, one tablet every 6 hours PRN. Resident #3's MAR for the month of June 2007 documented that on the nights of 6/12/07, 6/13/07 and 6/14/07 the facility gave the resident the PRN dose of 0.5 mg lorazepam instead of the routine dose of 1 mg lorazepam.</p> <p>On 6/28/07 at 2:30 p.m., the current house manager stated Resident #3 was given the 0.5 mg PRN dose of lorazepam because she was out of the routine 1 mg dose. Therefore, the resident only received half of the physician ordered routine dose of lorazepam on 6/12/07, 6/13/07, and 6/14/07.</p> <p>2. Review of Resident #1's record revealed the resident was admitted to the facility on 4/17/07 with diagnoses that included cardiac disease, hypertension, and obesity.</p> <p>Review of the Resident #1's MAR for the month of April 2007 revealed the following note written on the back of the MAR dated 4/25/07 at 8 p.m., "lorazepam 0.5 mg, no pill to give".</p> | R 008 | | | |

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| R 008 | <p>Continued From page 3</p> <p>On 6/28/07 at 2:40 p.m., the current house manager confirmed that there were multiple problems with the current medication assistance system.</p> <p>B. Fentanyl Patch:</p> <p>Resident #3's record documented a physician's order for Fentanyl 75 mg apply 1 patch every 72 hours.</p> <p>Review of the Resident #3's June 2007 MAR documented the facility applied the Fentanyl patch on 6/23/07 and then again on 6/25/07, only 48 hours instead of every 72 hours.</p> <p>On 6/29/07 at 12:30 p.m., a caregiver stated, "We didn't apply the patch in 48 hours, we just marked it down wrong. What happened was she was out of the 75 mg patch, so I called the LPN to find out what to do. He told me to take 3 of the 25 mg Fentanyl patches that was left over from another resident and apply 3 of those 25 mg patches on (Resident #3)."</p> <p>On 6/29/07 at 1:00 p.m., the current house manager and the regional director confirmed the LPN had instructed the caregiver to apply another resident's Fentanyl patches on Resident #3 because her 75 mg Fentanyl patch was not available in the facility.</p> <p>C. Polyethylene glycol:</p> <p>Review of Resident #4's record revealed the resident was admitted to the facility on 6/10/06 with diagnoses that included dementia and organic brain syndrome.</p> | R 008 | | | |

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| R 008 | <p>Continued From page 4</p> <p>On 6/28/07 at 2:30 p.m., review of the Resident #4's June 2007 MAR documented, "polyethylene glycol 527 gm, take 17 grams in 8 oz. of water daily." The block for 6/28/2007 was initialed by the staff member assisting with medications, however the surveyor did not observe the staff member give the medication to the resident. When the surveyor requested to see the medication, the staff member could not find the container. The staff member confirmed she could not find the medication container and had not given the medication but had signed the block.</p> <p>D. Methylin:</p> <p>Review of the Resident #4's May 2007 MAR documented, "Methylin 10 mg tab. Give 1 & 1/2 tablets by mouth daily in the morning, take one tablet by mouth at noon & take 1/2 tablet by mouth (5 pm)". The following note was written on the back of the MAR dated 5/31, "Methylin 10 mg tab 5 pm, pharm. not deliver, had none to give 6:10 pm."</p> <p>The facility did not have an adequate system in place to assure medication orders were refilled before running out of medications-on-hand.</p> <p>II. MEDICATION WAS NOT GIVEN AS ORDERED BY THE PHYSICIAN:</p> <p>Review of Resident #1's record revealed the following physicians's order dated 5/18/07: Ambien 10 mg po q hs prn. Resident #1's MAR for May 2007 documented the following: Ambien 10 mg at bedtime. The MAR did not reflect the physician's order that the medication was to be given prn. Therefore, the medication was given routinely from May 21 through May 31.</p> | R 008 | | | |

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| R 008 | <p>Continued From page 5</p> <p>The facility did not follow physician's orders when they assisted Resident #1 with a routine medication that was ordered as a prn.</p> <p>III. PRN MEDICATIONS GIVEN FOR A VARIETY OF SYMPTOMS WITHOUT DIRECTION OF A PHYSICIAN OR NURSE:</p> <p>A. Review of Resident #1's record revealed the following physicians's orders: - Ativan 1-2 mg po/sl/topical gel 2-4 hrs prn dated 4/18/07</p> <p>The following entries were documented by staff on Resident #1's narcotic record:</p> <p>-lorazepam (Ativan) given on 5/22/07 at 4:15 a.m., for anxiety -lorazepam given on 5/23/07 at 1:00 p.m., for nausea -lorazepam given on 5/24/07 at 4:25 p.m., for pain</p> <p>Caregivers were giving lorazepam to relieve multiple symptoms without direction from a physician.</p> <p>B. Review of Resident #1's record revealed the following physicians's orders: - morphine sulfate 20 mg/ml Sol, take 0.25 - 1.0 ml by mouth every hour as needed for pain</p> <p>The following entry was documented by staff on the back of Resident #1's MAR:</p> <p>- morphine 1 ml given on 5/29/07 at 12:45 (a.m. or p.m. not noted) for restless, agitated</p> <p>Morphine sulfate was not given per the physician's order.</p> | R 008 | | | |

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| R 008 | <p>Continued From page 6</p> <p>IV. ROUTINE MEDICATION DOSES NOT SIGNED OFF ON THE MAR:</p> <p>A. Review of Resident #1's record revealed the resident was admitted to the facility on 4/17/07 with diagnoses that included cardiac disease, hypertension, and obesity.</p> <p>Review of Resident #1's MAR for the month of May 2007, revealed 6 blank areas where routine medications should have been given. There was no documented explanation for the missed doses.</p> <p>On 6/28/07 at 2:40 p.m., the current house manager confirmed that there were multiple problems with the current medication assistance system.</p> <p>V. NO SIGNATURE OF CAREGIVER ASSISTING WITH PRN MEDICATION:</p> <p>A. Entries on Resident #1's June 2007 MAR did not have the signature of the caregiver assisting with the following prn doses of morphine: 6/8/07 at 8:30 (a.m. or p.m. not noted), 6/1/07 at 10:00 a.m., 6/13/07 at 2:30 p.m. and 6/14/07 at 12:00 p.m., 6/15/07 at 12:p.m., 6/15/07 at 1:00 p.m.</p> <p>B. Entries on Resident #1's June 2007 MAR did not have the signature of the caregiver assisting with the following prn doses of lorazepam: 6/11/07 at 7:00 a.m., 6/11/07 at 7:00 pm., 6/13/07 at 8:00 a.m., 6/13/07 at 10:00 p.m. and 6/14/07 at 8:30 a.m.</p> <p>C. Entries on Resident #3's June 2007 MAR did not contain the signature of the caregiver</p> | R 008 | | | |

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| R 008 | <p>Continued From page 7</p> <p>assisting with the following prn doses of hydrocodone: 6/5/07 at 10:00 p.m., 6/10/07 at 10:00 pm., 6/14/07 at 12:00 p.m. and 6/15/07 at 10:00 p.m.</p> <p>VI. NO DESTRUCTION DOCUMENTATION FOR CONTROLLED SUBSTANCES REMOVED FROM BLISTER PACKS BUT NOT GIVEN:</p> <p>A. lorazepam</p> <p>Review of Resident #1's narcotic record for lorazepam 0.5 mg tablet, contained the following entries: on 4/19 at 8 pm, "refused" and on 4/25 at 3 am, "refused after requested". There was no documented evidence of the destruction of either dose.</p> <p>B. morphine sulfate</p> <p>Review of Resident #1's narcotic record for morphine sulfate 60 mg ER tab contained the following entries; on 4/18 at 8 am, "refused", on 4/19 at 8 pm, "refused", on 4/25 at 3 am, "refused after request" and on 6/17 at 2 pm, "dropped". There was no documented evidence of the destruction of any of these doses.</p> <p>VII. NO NARCOTIC LOG FOR CONTROLLED SUBSTANCES:</p> <p>A. On 6/28/07 at 8:15 a.m., a box of Fentanyl 25 mg patches labeled with Resident #1's name was observed in the bottom of the medication cart (4 of 5 patches left). Resident #1 was transferred to another facility on 6/21/07. There was no narcotic record for this box of patches and there was no other documented evidence of what had happened to the 5th patch. A caregiver stated, "she (the resident) is no longer here, they</p> | R 008 | | | |

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| R 008 | <p>Continued From page 8</p> <p>(patches) must have been left behind". The caregiver stated she did not know where the 5th patch was or where the narcotic log was.</p> <p>B. Review of Resident #3's MAR for the month of June 2007 documented the resident was on the following prn narcotic medication:</p> <p>-lorazepam 0.5 mg, one tablet by mouth every 6 hours as needed for anxiety</p> <p>Review of Resident #3's MAR for the month of June 2007 documented the resident was assisted with her PRN lorazepam on 6/12/07, 6/13/07, 6/14/07, 6/16/07, 6/17/07, and 6/18/07.</p> <p>Review of Resident #3's "Individual Narcotic Records" for the month of June 2007 revealed no documentation of a narcotic record for the PRN lorazepam 0.5 mg.</p> <p>On 6/29/07 at 1:00 p.m., the current house manager and the regional director confirmed the facility had not maintained a narcotic log for Resident #3's PRN 0.5 mg lorazepam.</p> | R 008 | | | |



IDAHO DEPARTMENT OF HEALTH & WELFARE

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July 25, 2007

Sarah Call, Administrator
Rosetta Assisted Living-Delphic
1970 East 17th Street #103
Idaho Falls, ID 83404

Dear Ms. Call:

On July 5, 2007, a complaint investigation survey was conducted at Rosetta Assisted Living - Delphic. The survey was conducted by Sydnie Braithwaite, RN, Maureen McCann, RN, and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003101

Allegation #1: Staff member worked alone without completing 16 hours of orientation training.

Findings: Based on record review and interview, it was determined the facility allowed staff to work unsupervised before completing 16 hours of orientation training.

On June 27, 2007 review of staff records and the facility "at work schedule" revealed 1 staff who had not completing 16 hours of initial training had worked without supervision on the night shift between June 25th and June 29th. Further, another staff member that had not completed the training worked alone the evening shift on June 30th.

During telephone interviews, both staff confirmed that they had worked alone without first completing 16 hours of orientation training.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.600.05 for not providing supervision of 2 staff members that had not yet completed 16 hours of orientation training. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: Staff member worked alone without CPR, 1st Aid Certification.

Findings: Based on record review and interview, it was determined the facility did not provide at least one direct care staff with certification in first aid and cardio-pulmonary resuscitation in the facility at all times.

On June 27, 2007 review of staff records revealed a staff did not complete first aid or CPR training.

Review of the facility "at work schedule", revealed this staff member worked alone on June 24, 2007 between 7:00 p.m. and midnight. The facility could not produce "at work schedule" prior to June 18, 2007.

During a telephone interview, the staff confirmed she was the only staff in the facility on June 12, 2007 and June 24, 2007 and that she was not certified in first aid or CPR .

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22. for not providing at least one direct care staff with certification in first aid and cardio-pulmonary resuscitation in the facility at all times. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: A resident did not receive a medication because there was no staff on duty that could assist with meds.

Findings: Based on record review and interview it could not be determined the identified resident did not receive assistance with medications because a staff member working a shift alone was not delegated to assist with medications.

Review of the facility "at work schedule" on June 27, 2007, a staff member that had not been delegated to assist with medications worked alone between June 25, 2007 and June 28, 2007 at 11:00 p.m. until 7:00 a.m. the following morning.

On June 27, 2007 review of the resident's record revealed the resident was not residing in the facility when the staff in question worked alone.

During a telephone interview, the staff confirmed that she had worked alone but never when the resident in question was residing at the facility. Further, the staff stated that if any resident needed medication she was instructed to call another staff to report to the facility and assist with medication.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to

Sarah Call, Administrator

July 25, 2007

Page 3 of 3

the Statement of Deficiencies and/or Non-core issues were identified and included on the Punch List. If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Sholley, LSW".

DEBBIE SHOLLEY, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
 Debra Sholley, LSW, Health Facility Surveyor



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

July 25, 2007

Sarah Call, Administrator
Rosetta Assisted Living-Delphic
1970 East 17th Street #103
Idaho Falls, ID 83404

Dear Ms. Call:

On July 5, 2007, a complaint investigation survey was conducted at Rosetta Assisted Living - Delphic. The survey was conducted by Sydnie Braithwaite, RN, Maureen McCann, RN, and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003108

Allegation #1: The facility has not had a licensed administrator for longer than 30 days.

Findings #1: Based on interview it was determined the facility did not have a licensed administrator for longer than 30 days.

On 6/27/07 at 2:50 p.m., the facility's regional director and the house manager confirmed the facility had been without a licensed administrator since 6/4/07. Additionally, on 7/5/07 at 12:02 p.m., the regional director and the house manager confirmed the facility still did not have a licensed administrator.

Conclusion #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.03 for failure to retain a licensed administrator for longer than 30 days. The facility was required to submit a plan of correction.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies and/or Non-core issues were identified and included on the Punch List.

Sarah Call, Administrator

July 25, 2007

Page 2 of 2

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Sholley, LSW".

DEBBIE SHOLLEY, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
 Debra Sholley, LSW, Health Facility Surveyor



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P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

I of III

ASSISTED LIVING
Non-Core Issues
Punch List

| | | |
|---|--|-------------------------------------|
| Facility Name <i>Rosetta Assisted Living Delphic</i> | Physical Address <i>1590 Delphic Way / III</i> | Phone Number <i>208-238-9215</i> |
| Administrator <i>[Signature]</i> | City <i>Pocatello</i> | ZIP Code <i>83204</i> |
| Survey Team Leader <i>Debbie Sholley</i> | Survey Type <i>Standard + Complaint Invest.</i> | Survey Date <i>6/29/07</i> |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | BFS USE |
|--------|--------|--|---------------|---------|
| 1 | 215 | The facility does not have a current licensed administrator assigned who is responsible for the operation of the facility. | | |
| 2 | 270 | Admission agreements for Residents #3, 4 and 5 were not available. | | |
| 3 | 300 | Nursing services (medication assistance) were not performed in accordance with IDAPA 23,01,01,490.06a "Rules of the Board of Nursing." (Medications requiring nurse assessments were assisted with by unlicensed personnel). | | |
| 4 | 300.01 | Nursing assessments were not completed within 90 days for Residents #2, 3, 4, 5. | | |
| 5 | 305.02 | Resident #4 had current MD orders for 2 medications but however the medications were not in the facility. | | |
| 6 | 305.07 | The facility nurse did not conduct a review of Resident #3's medications (Resident currently currently has orders for 33 meds) for side effects, interactions or use of a combination of these adverse effects. | | |

Response Required Date

Signature of Facility Representative

Date Signed

7/29/07

Sarah Call

6-29-07



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17 of 111

ASSISTED LIVING
Non-Core Issues
Punch List

| | | |
|---|--|-------------------------------------|
| Facility Name <i>Rosetta Assisted Living - Delphic</i> | Physical Address <i>1590 Delphic Way</i> | Phone Number <i>208-238-1152</i> |
| Administrator <i>[Signature]</i> | City <i>Pocatello</i> | ZIP Code <i>83204</i> |
| Survey Team Leader <i>Debbie Sholley</i> | Survey Type <i>Standard + Complaint Invest.</i> | Survey Date <i>6/29/07</i> |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | BFS USE |
|------------------------|--------|--|-------------------------------|---------|
| 7 | 30508 | The facility nurse did not assess, document and recommend any health care related educational issues for staff RE: medication assistance, transferring residents, transferring residents using a gait belt, monitoring O2 equipment, assisting residents with feeding. | | |
| 8 | 30001 | The facility nurse did not delegate nursing functions to untrained assistive personnel according to IDAPA 23.01.01.400-02 and 23.01.01.400-03 and 490 23.01.01.490-05 and 23.01.01.490-06 a and b. | | |
| 9 | 31004c | Resident #32 psychotropic meds were not reviewed by the physician at least every six months. | | |
| 10 | 32002a | Resident # 3 3+5's NSA's were not based on an assessment | | |
| 11 | 32002b | Resident #2's NSA did not contain identification of the home health agency providing resident care. | | |
| 12 | 32003 | Resident #5, 3+5's NSA's did not have a signature by the resident or their guardian. | | |
| Response Required Date | | Signature of Facility Representative <i>Sarah Call</i> | Date Signed <i>6-29-07</i> | |



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ASSISTED LIVING
Non-Core Issues
Punch List

| | | |
|---|--|---------------------------------------|
| Facility Name <i>Rosetta Assisted Living - Delphic</i> | Physical Address <i>1590 Delphic Way</i> | Phone Number <i>(208) 238-9215</i> |
| Administrator <i>[Signature]</i> | City <i>Docatello</i> | ZIP Code <i>83204</i> |
| Survey Team Leader <i>Debbie Sholley</i> | Survey Type <i>Standard + Complaint Invest.</i> | Survey Date <i>6/29/07</i> |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | BFS USE |
|--------|--------|---|---------------|---------|
| 13 | 320.04 | NSA's for Residents #2, 3, 4 & 5 did not include attached schedule per rule. | | |
| 14 | 320.08 | Resident #2's NSA did not reflect a change of condition (pressure ulcer on ankle). | | |
| 15 | 330.01 | All sampled residents' individual records were not maintained with current entries. Records were disorganized and incomplete. | | |
| 16 | 350.02 | Incident reports did not include an investigation by the administrator and a written report of the findings within 30 days. | | |
| 17 | 600.05 | 2 of 3 sampled staff worked alone without having completed orientation training. | | |
| 18 | 600.06 | 1 of 3 sampled staff worked alone without 1st Aid and CPR training. | | |
| 19 | 620 | The facility did not have written stroke training program for staff. | | |
| 20 | 625.01 | 2 of 3 sampled staff did not complete 16 hours of orientation training within one month of hire. | | |
| 21 | 630.01 | 1 of 3 sampled staff did not have specialized training (dementia). | | |
| 22 | 711.04 | Resident #4's HxP was not performed within 6 months prior to admission. | | |

| | | |
|--|---|-------------------------------|
| Response Required Date <i>7/29/07</i> | Signature of Facility Representative <i>Sarah Call</i> | Date Signed <i>6-29-07</i> |
|--|---|-------------------------------|